Formulary Motion History
Antihyperlipidemics - Dyslipidemia

Drugs Reviewed	Motion	Date Reviewed	Motion & Second	Decision
mlodipine/atorvastatin ezetimibe/simvastatin niacin/lovastatin niacin/simvastatin cholestyramine/aspartame cholestyramine/sucrose colesevelam HCL colestipol HCL ezetimibe fenofibrate fenofibrate nanocrystallized fenofibrate, micronized fenofibric acid gemfibrozil omega-3 acid ethyl esters niacin	**After reviewing the clinical information for the drugs within the dyslipidemia fibric acid derivative and bile acid sequestrant drug classes for the treatment of medically accepted indications of mixed dyslipidemia, primary hyperlipidemia, and hypertriglyceridemia, I move that no single brand or generic drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia, primary hyperlipidemia, and hypertriglyceridemia for any sub-population. The branded products within the class do not have a significant meaningful clinical advantage over their generic equivalents and are excluded from the formulary. In light of their clinical equivalence, and after review of the average cost and drug utilization data of the medications in this class, all branded drugs shall be removed from the formulary, in favor of less costly alternatives.**	Revised October 17, 2012	Klingel Wiser	Passed unanimous

Formulary Motion History
Antihyperlipidemics - Dyslipidemia

	After reviewing the clinical information for the drugs within the dyslipidemia – antihyperlipidemics – misc drug class for the treatment of the medically accepted indications of mixed dyslipidemia and hypertriglyceridemia, I move that no single brand or generic drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia and hypertriglyceridemia for any sub-population. The branded products within the class do not have a significant meaningful clinical advantage over their generic equivalents and are excluded from the formulary. In light of their clinical equivalence, and after review of the average cost and drug utilization data of the medications in this class, Lovaza shall be removed from the formulary, in favor of less costly alternatives.		Gaster Wiser	Passed unanimous

	After reviewing the clinical information for the drugs within the dyslipidemia - HMG COA Reductase Inhibitor Combination drug classes for the treatment of medically accepted indications of mixed dyslipidemia, primary hyperlipidemia, and other labeled indications, I move that no single brand or generic drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia, primary hyperlipidemia, and other labeled indications for any sub-population. The branded products within the class do not have a significant meaningful clinical advantage over their generic equivalents and are excluded from the formulary. In light of their clinical equivalence, and after review of the average cost and drug utilization data of the medications in this class, Advicor, Caduet, and Simcor shall be removed from the formulary, in favor of less costly alternatives.		Gaster Klingel	Passed unanimous

Formulary Motion History
Antihyperlipidemics - Dyslipidemia

	After reviewing the clinical information for the drugs within the dyslipidemia - Intestinal Cholesterol Absorption Inhibitors and their combinations drug class for the treatment of medically accepted indications of mixed dyslipidemia, primary hyperlipidemia, and familial hypercholesterolemia, I move that no single brand or generic drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia, primary hyperlipidemia, and familial hypercholesterolemia. The branded products within the class do not have a significant meaningful clinical advantage over their generic equivalents and are excluded from the formulary. In light of their clinical equivalence, and after review of the average cost and drug utilization data of the medications in this class, Vytorin and Zetia shall be removed from the formulary, in favor of less costly alternatives.		Gaster Rowe	Passed unanimous

	After reviewing the clinical information for the drugs within the dyslipidemia fibric acid derivative and bile acid sequestrant drug classes, I move that all branded drugs will be removed from the Washington Medicaid formulary for the treatment of mixed dyslipidemia, primary hyperlipidemia, and hypertriglyceridemia for any sub-population. No single drug or combination drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia, primary hyperlipidemia, and hypertriglyceridemia for any sub-population.	June 20, 2012	Wiser Gaster	Passed Unanimous
	After reviewing the clinical information for the drugs within the dyslipidemia – antihyperlipidemics – misc. drug classes, I move that Lovaza be removed from the Washington Medicaid formulary for the treatment of mixed dyslipidemia and hypertriglyceridemia for any sub-population. No single drug or combination drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia and hypertriglyceridemia for any sub-population.		Rowe Gaster	Passed Unanimous

	After reviewing the clinical information for the drugs within the dyslipidemia – HMG COA Reductase inhibitor combination drug classes I move that Advicor, Caduet, and Simcor be removed from the Washington Medicaid formulary for the treatment of mixed dyslipidemia, primary hypercholesterolemia, and other labeled indications for any sub-population. No single drug or combination drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia, primary hypercholesterolemia, or any other labeled indication for any sub-population.		Gaster Smith	Passed Unanimous
	After reviewing the clinical information for the drugs within the dyslipidemia – Intestinal cholesterol absorption inhibitors and their combinations products in this drug class I move that Vytorin and Zetia be removed from the Washington Medicaid formulary for the treatment of mixed dyslipidemia, primary hypercholesterolemia, and familial hypercholesterolemia for any sub-population. No single drug or combination drug product in this class has a significant, clinically meaningful therapeutic advantage in terms of safety, efficacy, or clinical outcome for the treatment of mixed dyslipidemia, primary hypercholesterolemia, and familial hypercholesterolemia for any sub-population.		Bowman Wiser	Passed Unanimous